



## **416 - PROVIDER NETWORK INFORMATION**

EFFECTIVE DATE: 10/01/08, 11/01/12, 10/01/13, 05/01/14, 10/01/14

REVISION DATE: 08/12/10, 10/24/12, 07/18/13, 04/17/14, 07/17/14

STAFF RESPONSIBLE FOR POLICY: DHCM OPERATIONS

### **I. PURPOSE**

This Policy applies to Acute, ADHS/DBHS, ALTCS/EPD, CRS, DES/CMDP (CMDP), and DES/DDD (DDD) Contractors. This Policy establishes guidelines for Contractors regarding provider information requirements and the content of a Contractor's website.

### **II. DEFINITIONS**

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|------------------------|--|
| <b>MATERIAL CHANGE</b> | An alteration or development within a provider network that may reasonably be foreseen to affect the quality or delivery of services provided under the contract.  |
| <b>PROVIDER</b>        | Any person or entity that contracts with AHCCCS or a Contractor for the provision of covered services to members according to the provisions A.R.S. §36-2901.  |
| <b>SUBCONTRACTOR</b>   | <ol style="list-style-type: none"><li>1. A provider of health care who agrees to furnish covered services to members.</li><li>2. A person, agency or organization with which the Contractor has contracted or delegated some of its management/administrative functions or responsibilities.</li><li>3. A person, agency or organization with which a fiscal agent has entered into a contract, agreement, purchase order or lease (or leases of real property) to obtain space, supplies equipment or services provided under the AHCCCS agreement.</li></ol> |

### **III. POLICY**

The contract contains multiple requirements for communications between Contractors and their provider network. The list below instructs the Contractor on content and timing of these communications. The list does not supersede any additional requirements that may be outlined in contract.

**A. PROVIDER MANUAL**

The Contractor shall develop, distribute and maintain a provider manual. The Contractor shall ensure that each contracted provider is made aware of a website provider manual or, if requested, issued a hard copy of the provider manual and is encouraged to distribute a provider manual to any individual or group that submits claim and encounter data. The Contractor remains liable for ensuring that all providers, whether contracted or not, meet the applicable AHCCCS requirements with regard to covered services, billing, etc.

At a minimum, the Contractor's provider manual must contain information on the following *(items below apply to all Contractors, with the exception of the items in bolded parenthetical notation. The items in bolded parenthetical notation are Contractor specific and only apply to those Contractors listed)*:

1. Introduction to the Contractor which explains the Contractor's organization and administrative structure
2. Provider responsibility and the Contractor's expectation of the provider
3. Overview of the Contractor's Provider Service department and function
4. Listing and description of covered and non-covered services, requirements and limitations including behavioral health services
5. Emergency room utilization (appropriate and non-appropriate use of the emergency room)
6. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services - screenings include a comprehensive history, developmental/ behavioral health screening, comprehensive unclothed physical examination, appropriate vision testing, hearing testing, laboratory tests, dental screenings and immunizations. EPSDT providers must document immunizations into Arizona State Immunization Information System (ASIIS) and enroll every year in the Vaccine for Children program.
7. Description of Dental services coverage and limitations
8. Description of Maternity/Family Planning services
9. The Contractor's policy regarding Primary Care Physician (PCP) assignments
10. Referrals to specialists and other providers, including access to behavioral health services.



11. Grievance system process and procedures for providers and enrollees
12. Billing and encounter submission information
13. Information about policies and procedures relevant to the providers including, but not limited to, utilization management and claims submission
14. Reimbursement, including reimbursement for members with other insurance, including dual eligible members (i.e. Medicare and Medicaid)
15. Cost sharing responsibility
16. Explanation of remittance advice
17. Prior authorization and notification requirements, including a listing of services which require authorization
18. Claims medical review
19. Concurrent review
20. Fraud, waste, and abuse
21. Information on the False Claims Act provisions of the Deficit Reduction Act as required in the Corporate Compliance paragraph of the contract.
22. Minimum Required Prescription Drug List (MRPDL) information, including:
  - a. How to access the MRPDL (electronically and hard copy - by request)
  - b. How and when updates are communicated
23. AHCCCS appointment standards
24. Americans with Disabilities Act (ADA) and Title VI requirements, as applicable
25. Eligibility verification
26. Cultural competency information, including notification about Title VI of the Civil Rights Act of 1964. Providers should also be informed of how to access interpretation services to assist members who speak a language other than English including Sign Language.
27. Peer review and appeal process.



28. Medication management services as described in the contract.
29. Information about a member's right to be treated with dignity and respect as specified in 42 CFR 438.100.
30. Notification that the contractor has no policies which prevent the provider from advocating on behalf of the member as specified in 42 CFR 438.102.
31. Information on how to access or obtain Practice Guidelines and coverage criteria for authorization decisions.
32. (**Acute and ALTCS/EPD**) Description of the Change of Contractor policies. See ACOM Policy 401 and 403.

**B. WEBSITE**

The Contractor must develop and maintain a website that is focused, informational, functional, and capable of the following:

The Contractor's website must have links to the items listed below:

1. MRPD (both searchable and comprehensive listing), which shall be updated twice per year or as needed and within 30 days of AHCCCS notification.
2. Provider Manual
3. Provider Directory that is current and updated within 15 days of a network change, is user friendly and allows members to search by the following provider information:
  - a. Name of provider or facility
  - b. Provider or service type
  - c. Specialty
  - d. Languages spoken by the practitioner
  - e. Office location (i.e., allow the member to find providers by location such as county, city or zip code)
4. Contractor's Performance Measure Results
5. Performance Measure Results via link to AHCCCS website
6. Medical Determination Criteria and Practice Guidelines
7. Contractor provider survey results, as available



The Contractor's website must also provide the following electronic functionality:

1. Enrollment Verification
2. Claims Inquiry (adjustment requests; information on denial reasons)
3. Accept HIPAA compliant electronic claims transactions
4. Display Reimbursement Information

See ACOM Policy 404, Attachment C, Contractor Website Certification Checklist and Attestation for other requirements that apply to the Contractor's website.

The Contractor shall submit annually 45 days after the start of the contract year the Contractor's Annual Website Certification Checklist and Attestation (See ACOM 404, Attachment C, Contractor Website Certification Checklist and Attestation).

The Division of Health Care Management will review the content of the Contractor's website to ensure the Contractor is in compliance with this Policy and the AHCCCS contract.

### **C. Required Notifications**

In addition to the updates required below, AHCCCS may require Contractors to disseminate information on behalf of the Administration. In these instances, AHCCCS will provide prior notification as is deemed reasonable or prudent.

The Contractor is expected to provide written or electronic communication to contracted providers in the following instances:

1. **Exclusion from Network** - Under Federal Regulation 42 CFR 438.12 the Contractor is required to provide written notice of the reason for declining any written request for inclusion in the network.
2. **Contractor Policy/Procedure Changes** – Any change in overall operations (i.e., policy, process, protocol), such as prior authorization or retrospective review, performance and network standards) which affects, or can reasonably be foreseen to affect, the Contractor's ability to meet the performance standards as described in Contract. Notice must be provided to the AHCCCS Division of Health Care Management Operations and Compliance Officer to which the Contractor is assigned 60 days in advance of the proposed change. The Contractor is required to notify affected providers 30 days in advance of any material change to operations.



3. **AHCCCS Guidelines, Policy, and Manual Changes** - The Contractor is responsible for ensuring that its subcontractors are notified when modifications are made to AHCCCS guidelines, policies, and manuals.
4. **Subcontract Updates** – In the event of a modification to the AHCCCS Minimum Subcontract Provisions the Contractor shall issue a notification of the change to its subcontractors within 30 days of the published change and ensure amendment of affected subcontracts. Affected subcontracts shall be amended on their regular renewal schedule or within six calendar months of the update, whichever comes first.
5. **Termination of Contract** – The Contractor must provide written notice to hospitals and/or provider groups at least 90 days prior to any contract termination without cause. Contracts between Contractors and individual practitioners are exempted.
6. **Disease/Chronic Care Management** – The Contractor must disseminate information as required by the AHCCCS Medical Policy Manual Policy 1020.

#### **IV. REFERENCES**

- A.R.S. §36-2901
- 42 CFR 438.12
- 42 CFR 438.100
- 42 CFR 438.102
- Americans with Disabilities Act
- False Claims Act
- Deficit Reduction Act
- Civil Rights Act of 1964
- Acute Care Contract, Section D
- ADHS/DBHS Contract, Section D
- ALTCS/EPD Contract, Section D
- CRS Contract, Section D
- DES/CMDP Contract, Section D
- DES/DDD Contract, Section D
- ACOM Policy 401
- ACOM Policy 403
- ACOM Policy 404, Attachment C, Contractor Website Certification Checklist and Attestation
- AMPM Policy 1020